AMENDED IN ASSEMBLY JUNE 4, 2001 AMENDED IN ASSEMBLY MAY 17, 2001 AMENDED IN ASSEMBLY APRIL 30, 2001 AMENDED IN ASSEMBLY APRIL 5, 2001

CALIFORNIA LEGISLATURE—2001-02 REGULAR SESSION

ASSEMBLY BILL

No. 1421

Introduced by Assembly Member Thomson
(Principal coauthor: Senator Perata)
(Coauthors: Assembly Members Aanestad, Canciamilla, Dutra,
Jackson, Koretz, Longville, Richman, Salinas, and Wyland)

February 23, 2001

An act to add and repeal Article 9 (commencing with Section 5345) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1421, as amended, Thomson. Mental health: involuntary treatment.

Existing law, the Lanterman-Petris-Short Act, makes provision for the involuntary treatment of any person with a mental disorder who, as a result of the mental disorder, is a danger to others or to himself or herself, or is gravely disabled.

This bill would make various legislative findings regarding involuntary outpatient treatment of persons with mental disorders. This bill would also create an assisted outpatient treatment program for any

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person who is suffering from a mental disorder and meets certain criteria.

The program could operate only in counties that receive grants pursuant to this program. The program would involve the delivery of community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than 1 to 10. This bill would specify requirements for the petition alleging the necessity of treatment, various rights of the person who is the subject of the petition, and hearing procedures. This bill would also provide for settlement agreements as an alternative to the hearing process. This bill would provide that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health provider may request that the person be placed under a 72-hour hold based on an involuntary commitment. This bill would provide that a violation of a court order made pursuant to the provisions of this bill constitutes, and be punishable as, an infraction.

By creating an infraction and because a violation of a court order arising from the provisions of this bill would constitute a crime, this bill would result in a state-mandated local program.

This bill would require the State Department of Mental Health to award grants to counties that provide, or demonstrate they can provide, specified mental health services to persons with the most severe and persistent mental illness.

This bill would also require each county selected to receive a grant to provide certain data to the department.

This bill would allocate funds from an unspecified item of the Budget Act of 2001 for the purposes of the bill provide that the grant program created by this bill shall be implemented contingent upon an appropriation in the Budget Act or other statute.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: $\frac{2}{\sqrt{3}}$ majority. Appropriation: yes no. Fiscal committee: yes. State-mandated local program: no yes.

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The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

- (a) On February 15, 2001, the Rand Corporation released a report, commissioned by the California Senate Committee on Rules, entitled "The Effectiveness of Involuntary Outpatient Treatment: Empirical Evidence and the Experience of Eight States," *which is* an evidence-based approach to examining and synthesizing empirical research on involuntary outpatient treatment.
 - (b) Rand's findings include the following:

- (1) Data from the State Department of Mental Health's Client Data System, documenting about one-half of all commitments in California, indicate that 58,439 individuals accounted for 106,314 admissions under 72-hour holds, and, of those:
- (A) Thirty-three and two-tenths percent, or 17,062, had at least one prior episode of involuntary commitment in the previous 12 months.
- (B) Thirty-four and three-tenths percent, or 17,627, lived with a family member prior to the hold.
- (C) Thirty-four and three-tenths percent, or 17,627, had a diagnosis of schizophrenia or other psychosis.
- (D) Thirty-seven and two-tenths percent, or 19,118, had no record of outpatient service use in the previous 12 months.
- (2) Some high-risk patients do not respond well to traditional community-based mental health services. For various reasons, even when treatment is made available, high-risk patients do not avail themselves of these services.
- (3) In general, these ambulatory care data from the department's client data system do not support the assumption that individuals were entering the involuntary treatment system because they were not able to access outpatient services.
- (4) The best evidence from randomized clinical trials supports the use of assertive community treatment (ACT) programs, which involve the delivery of community-based care by multidisciplinary teams of highly trained mental health professionals with high staff-to-client ratios. The evidence also suggests that fidelity to the ACT model ensures better client outcomes.

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(5) A study by Duke University investigators, using randomized clinical—trails trials, suggests that people with psychotic disorders and those at highest risk for poor outcomes benefit from intensive mental health services provided in concert with a sustained outpatient commitment order.

- (6) The effect of sustained outpatient commitment, according to the Duke study, was particularly strong for people with schizophrenia and other psychotic disorders. When patients with these disorders were on outpatient commitment for an extended period of 180 days or more, and also received intensive mental health services, they had 72 percent fewer readmissions to the hospital and 28 fewer hospital days than the nonoutpatient commitment group.
- SEC. 2. Article 9 (commencing with Section 5345) is added to Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code, to read:

Article 9. The Assisted Outpatient Treatment Demonstration Project Act of 2001

5345. (a) This article shall be known, and may be cited, as Laura's Law.

- (b) "Assisted outpatient treatment" shall be defined as categories of outpatient services that have been ordered by a court pursuant to Section 5346 or 5347.
- 5346. (a) In any county in which services are available as provided in Section 5348, a court may order a person who is the subject of a petition filed pursuant to this section to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the verified petition filed in accordance with this section are true and establish that all of the requisite criteria set forth in this section are met, including, but not limited to, each of the following:
 - (1) The person is 18 years of age or older.
- (2) The person is likely to survive safely in the community with supervision.
 - (3) The person is suffering from any of the following:
- (A) A mental disorder and, as a result, is a danger to others, or to himself or herself, or is gravely disabled as defined in Section 5150.

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(B) A psychotic disorder and meets all of the following criteria:

(i) The person has received treatment for a mental disorder within the past five years.

- (ii) The person responded to treatment and the person's condition improved.
- (iii) The person subsequently failed to engage in treatment, was offered an opportunity to participate in a treatment plan that includes all of the services described in Section 5348, and continues to fail to engage in treatment.
 - (iv) The person's condition is substantially deteriorating.
- (v) Assisted outpatient treatment would be the least restrictive placement necessary to ensure the person's recovery and stability.
- (C) Any other severe mental illness, as defined in Section 5600.3, and the person meets all of the following criteria:
- (i) The severe mental illness puts him or her at high risk for a poor outcome, as indicated by a history of failure to engage in a plan of treatment for mental illness that has been a significant factor resulting in, at least twice within the previous 36 months, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition, hospitalization or receipt of services in a forensic or other mental health unit of a correctional facility or a local correctional facility.
- (ii) The person has been offered an opportunity to participate in a treatment plan that includes all of the services described in Section 5348, and continues to fail to engage in treatment.
 - (iii) The person's condition is substantially deteriorating.
- (iv) Assisted outpatient treatment would be the least restrictive placement necessary to ensure the person's recovery and stability.
- (b) (1) A petition for an order authorizing assisted outpatient treatment may be filed in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present.
- (2) A petition to obtain an order authorizing assisted outpatient treatment may be initiated only by any of the following persons:
- (A) Any person 18 years of age or older with whom the person who is the subject of the petition resides.
- (B) Any person who is the parent, spouse, or sibling or child 18 years of age or older, of the person who is the subject of the petition.

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 (C) The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition in whose institution the subject of the petition resides.

- (D) The director of a hospital in which the person who is the subject of the petition is hospitalized.
- (E) A licensed mental health provider who is either supervising the treatment of, or treating for a mental illness, the person who is the subject of the petition.
- (F) A peace officer, parole officer, or probation officer assigned to supervise the person who is the subject of the petition.
 - (3) The petition shall state all of the following:
- (A) Each of the criteria for assisted outpatient treatment as set forth in subdivision (a).
- (B) Facts that support the petitioner's belief that the person who is the subject of the petition meets each criterion, provided that the hearing on the petition shall be limited to the stated facts in the verified petition, and the petition contains all the grounds on which the petition is based, in order to ensure adequate notice to the person who is the subject of the petition and his or her counsel.
- (C) That the person who is the subject of the petition is present, or is reasonably believed to be present, within the county where the petition is filed.
- (D) That the person who is the subject of the petition has the right to be represented by counsel in all stages of the proceeding under the petition, in accordance with subdivision (c).
- (4) The petition shall be accompanied by an affirmation or affidavit of a licensed mental health provider who shall not be the petitioner, and who shall state, if applicable, either of the following:
- (A) That the licensed mental health provider has personally examined the person who is the subject of the petition no more than 10 days prior to the submission of the petition, that the licensed mental health provider recommends assisted outpatient treatment for the person who is the subject of the petition, and that the licensed mental health provider is willing and able to testify at the hearing on the petition.
- (B) That no more than 10 days prior to the filing of the petition, the licensed mental health provider, or his or her designee, has

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made appropriate attempts to elicit the cooperation of the *person* who is the subject of the petition, but has not been successful in persuading the person who is the subject of the petition that person to submit to an examination, that the licensed mental health provider has reason to believe that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and that the licensed mental health provider is willing and able to examine the person who is the subject of the petition and testify at the hearing on the petition.

- (5) The petitioner shall cause written notice of the petition to be given to the person who is the subject of the petition, and a copy thereof shall be given personally or by mail to the county office of patient rights, the current health care provider appointed by the person who is the subject of the petition if any such provider is known to him or her, the appropriate outpatient program coordinator, and the director of the county mental health department if the director is not the petitioner.
- (c) The person who is the subject of the petition shall have the right to be represented by counsel at all stages of a proceeding commenced under this section. If the person so elects, the court shall immediately appoint the public defender or other attorney to assist the person in all stages of the proceedings. The person shall pay the cost of the legal services if he or she is able.
- (d) (1) Upon receipt by the court of a petition submitted pursuant to subdivision (b), the court shall fix the date for a hearing at a time not later than three days from the date the petition is received by the court, excluding Saturdays, Sundays, and holidays. Continuances shall be permitted only for good cause shown. In granting continuances, the court shall consider the need for further examination by a physician or the potential need to provide expeditiously assisted outpatient treatment. The court shall cause the person who is the subject of the petition, any other person receiving notice pursuant to paragraph (5) of subdivision (b), the petitioner, the licensed mental health provider whose affirmation or affidavit accompanied the petition, the appropriate director, and any other person the court may determine is required to be advised of the date. Upon the hearing date, or upon any other date or dates to which the proceeding may be continued, the court shall hear testimony. If it is deemed advisable by the court, and if the person who is the subject of the petition is available and has

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received notice pursuant to this section, the court may examine in or out of court the person who is the subject of the petition who is alleged to be in need of assisted outpatient treatment. If the person who is the subject of the petition does not appear at the hearing, and appropriate attempts to elicit the attendance of the person have failed, the court may conduct the hearing in the person's absence. If the hearing is conducted without the person present, the court shall set forth the factual basis for conducting the hearing without the person's presence.

- (2) The court shall not order assisted outpatient treatment unless an examining licensed mental health provider, who has personally examined, and has reviewed the available treatment history of, the person who is the subject of the petition within the time period commencing 10 days before the filing of the petition, testifies in person at the hearing.
- (3) If the person who is the subject of the petition has refused to be examined by a licensed mental health provider, the court may request that the person consent to an examination by a licensed mental health provider appointed by the court. If the person who is the subject of the petition does not consent and the court finds reasonable cause to believe that the allegations in the petition are true, the court may order those persons designated under Section 5150 to take the person who is the subject of the petition into eustody and transport, or eause to be transported, him or her to a 5150 to take into custody the person who is the subject of the petition and transport him or her, or cause him or her to be transported, to a hospital for examination by a licensed mental health provider. Detention of the person who is the subject of the petition under the order shall not exceed 72 hours. If the examination is performed by another licensed mental health provider, the examining licensed mental health provider shall be authorized to consult with the licensed mental health provider whose affirmation or affidavit accompanied the petition regarding the issues of whether the allegations in the petition are true and whether the person meets the criteria for assisted outpatient treatment.
- (4) The person who is the subject of the petition shall have all of the following rights:

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(A) To adequate notice of the hearings to the person who is the subject of the petition, as well as to parties designated by the subject person who is the subject of the petition.

- (B) To receive a copy of the court ordered evaluation.
- (C) To counsel.

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- (D) To be informed of his or her right to judicial review by habeas corpus.
- (E) To be present at the hearing unless he or she waives the right to be present.
 - (F) To present evidence.
 - (G) To call witnesses on his or her behalf.
- (H) To cross-examine witnesses.
- (I) To appeal decisions, and to be informed of his or her right to appeal.
- (5) (A) If after hearing all relevant evidence, the court finds that the person who is the subject of the petition does not meet the criteria for assisted outpatient treatment, the court shall dismiss the petition.
- (B) If after hearing all relevant evidence, the court finds that the person who is the subject of the petition meets the criteria for assisted outpatient treatment, and there is no appropriate and feasible less restrictive alternative, the hearing officer may order the person who is the subject of the petition to receive assisted outpatient treatment for an initial period not to exceed six months. In fashioning the order, the court shall specify that the proposed treatment is the least restrictive treatment appropriate and feasible for the person who is the subject of the petition. The order shall state the categories of assisted outpatient treatment, as set forth in Section 5348, which the person who is the subject of the petition is to receive, and the hearing officer may not order treatment that has not been recommended by the examining licensed mental health provider and included in the written treatment plan for assisted outpatient treatment as required by subdivision $\frac{d}{e}$.
- (6) The examining mental health treatment provider shall set out in an affirmation or affidavit the facts and reasons why the person who is the subject of the petition meets the criteria in subparagraph (A) or (B) of paragraph (2) of subdivision (a). paragraphs (1) and (2) and subparagraph (A), (B), or (C) of

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- (e) Assisted outpatient treatment shall not be ordered unless the licensed mental health treatment provider petitioning recommending assisted outpatient treatment to the court has submitted to the court a written treatment plan that includes services as set forth in Section 5348, and the court finds that the services are available from the county, or a provider approved by the county, for the duration of the court order. The treatment plan shall be delivered to the county director of mental health or his or her appropriate designee.
- (f) If, in the clinical judgment of a licensed mental health provider, the person who is the subject of the petition has failed or has refused to comply with the treatment ordered by the court, and in the clinical judgment of the licensed mental health provider efforts were made to solicit compliance, and, in the clinical judgment of the licensed mental health provider, the person may be in need of involuntary admission to a hospital pursuant to Section 5346, the provider may request that persons designated under Section 5150 take into custody the person who is the subject of the petition and transport him or her, or cause him or her to be transported, to a hospital, to be held up to 72 hours for examination by a licensed mental health provider to determine if the person is in need of treatment pursuant to Section 5150. Any continued involuntary retention in a hospital beyond the initial 72-hour period shall be pursuant to Section 5150. If at any time during the 72-hour period the person is determined not to meet the criteria of Section 5150, and does not agree to stay in the hospital as a voluntary patient, he or she shall be released. Failure to comply with an order of assisted outpatient treatment alone shall not be grounds for involuntary civil commitment or a finding of that the person who is the subject of the petition is in contempt of court.
- (g) If the director of the assisted outpatient treatment program determines that the condition of the patient requires further assisted outpatient treatment, the director shall apply to the court, prior to the expiration of the period of the initial assisted outpatient treatment order, for an order authorizing continued assisted outpatient treatment for a period not to exceed 180 days from the date of the order. The procedures for obtaining any order pursuant to this subdivision shall be in accordance with subdivisions (a) to (f), inclusive, of this section. The period for further involuntary

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outpatient treatment authorized by any subsequent order under this subdivision shall not exceed 180 days from the date of the order.

 5347. (a) In any county in which services are available pursuant to a grant awarded as provided in Section 5349, any person who is determined by the court to be subject to paragraph (1) of subdivision (b) of Section 5346, or subject to detention pursuant to Sections 5150, 5250, 5260, and 5270.15, to subdivision (a) of Section 5346, or subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15, may voluntarily enter into an agreement for services under this section.

- (b) (1) The person who is the subject of the petition, or the person's legal counsel with the person's consent, may waive the right to an assisted outpatient treatment hearing or probable cause hearing pursuant to <u>Sections Section</u> 5150, 5250, 5260, and or 5270.15 for the purpose of obtaining treatment under a voluntary settlement agreement, provided that an examining licensed mental health treatment provider states that the person can survive safely in the community. The voluntary settlement agreement shall not exceed 180 days in duration and shall be agreed to by all parties.
- (2) The voluntary settlement agreement shall be in writing, shall be approved by the court, and shall include a treatment plan developed by the community-based program that will provide services that provide treatment in the least restrictive manner consistent with the needs of the person who is the subject of the petition.
- (3) Either party may request that the court modify the treatment plan at any time during the 180-day period.
- (4) The court shall designate the appropriate county department to monitor the person's treatment under, and compliance with, the settlement agreement. If the person fails to comply with the treatment according to the agreement, the designated county department shall notify the counsel designated by the county and the person's counsel of the individual's noncompliance.
- (5) If, within 180 days from the date of the waiver of the right to a hearing, the person who is the subject of the petition fails to comply with the settlement agreement approved by the court, the county-designated counsel may file with the court a statement of facts. The statement of facts shall support the *stated* belief that the person who is the subject of the petition is not in compliance. The

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statement shall be sworn to be true and may be based on the information and belief of the person filing the statement. Upon receipt of the statement of noncompliance, the court may issue an order to detain the person who is the subject of the petition for a probable cause hearing. The hearing shall take place within 72 hours from the time of detention, excluding Saturdays, Sundays, and legal holidays.

- (6) If a probable cause hearing was held prior to the approval of the settlement agreement, the court shall hold a final hearing within 14 days from the time of detention.
- (7) The facts alleged as the basis for commitment prior to the waiver of the time periods for hearings shall be the basis for a finding of probable cause or a final disposition at a hearing under this subdivision.
- (8) Upon the motion of the person who is the subject of the petition, the court shall hold a hearing on the issue of noncompliance with the settlement agreement within 72 hours from the time the motion for a hearing under this subdivision is filed with the court, excluding Saturdays, Sundays, and legal holidays.
- (9) The hearing under this subdivision may be held as part of the probable cause hearing if the probable cause hearing is held within 72 hours from the time the motion is filed with the court, excluding Saturdays, Sundays, and legal holidays.
- (10) At a hearing on the issue of noncompliance with the agreement, the written statement of noncompliance submitted shall be prima facie evidence that a violation of the conditions of the agreement has occurred. If the person who is the subject of the petition denies any of the facts as stated in the statement, he or she has the burden of proving that the facts are false by a preponderance of the evidence. has the burden of proving by a preponderance of the evidence that the alleged facts are false.
- (11) Upon a finding of noncompliance, the court may initiate a probable cause hearing.
- 5347.5. Notwithstanding Section 166 of the Penal Code, a violation of a court order pursuant to Section 5346 or Section 5347 shall constitute and be punishable as an infraction.
- 5348. (a) The department shall provide oversight of grants issued pursuant to this article to ensure that the services prescribed

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by this subdivision are offered. The services include, but are not 2 limited to:

- (1) Multidisciplinary provider teams.
- (2) Medication. 4

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- 5 (3) Individual or group therapy.
 - (4) Day or partial-day programming activities.
 - (5) Education and vocational training or activities.
- 8 (6) Alcohol or substance abuse treatment and counseling.
 - (7) Supervision of living arrangements.
 - (8) Any other services available through the local mental health delivery system to assist the person to gain optimal living and functioning in the community, or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in the need for hospitalization or in arrest or incarceration.
- (b) Involuntary medication shall not be allowed absent a 16 separate order by the court pursuant to Sections 5332 to 5336, inclusive.
 - (c) Each county shall ensure that funds provided by these grants are used to provide new services in accordance with the purpose of for which they were appropriated, and that these funds shall be used to augment and not supplant existing services to adults with severe mental illness.
 - (d) Each county selected to receive a grant pursuant to this section shall provide data to the department on, but not limited to, the following outcomes and any changes over time for enrolled participants in order to assess the extent of improvement to their quality of life:
 - (1) Stable housing.
- 29 (2) Gainful activity.
- 30 (3) Contacts maintained with treatment system.
- 31 (4) Adherence to prescribed treatment.
- 32 (5) Other indicators of successful engagement, if any.
- 33 (6) The number of hospitalizations and duration of hospital 34 stays.
- (7) The 35 number of incarcerations and duration of 36 incarcerations.
- 37 (8) Other relapse indicators, if any.
- (9) Victimization. 38
- 39 (10) Violent behavior.
- 40 (11) Substance abuse.

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- 1 (12) Type, intensity, and frequency of treatment.
- (13) Extent to which enforcement mechanisms are used when 2 3 applicable.
 - (14) Social functioning.

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- (15) Skills in independent living.
- (16) Satisfaction with services both by those receiving them and by families when relevant.
- 5349. The department shall award grants to those counties that provide, or demonstrate that they can provide, all of the following services for persons with the most persistent and severe mental illness:
- (a) Community-based, mobile, multidisciplinary, highly trained mental health provider team teams that uses high staff-to-client ratios.
- (b) A clinical intervention that actively includes participation 16 of the consumer, the appropriate family members, and peer counselors.
 - (c) Services in the location in which the person needs them.
 - (d) A multidisciplinary team approach in which all team members are active members of the team.
 - (e) Team services that are available to the client at all times.
 - (f) Teams that operate on a ratio of no more than 10 clients per team member.
 - (g) Individually tailored services.
 - (h) Performance measurement to document an improvement in obtaining employment or other gainful activity, and obtaining skills of independent living, reducing hospitalization and incarceration or arrest rates, and other improvements, as applicable.
 - This article shall remain in effect only until January 5349.5. 1, 2006, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2006, deletes or extends that date.
 - SEC. 3. Of the funds appropriated pursuant to Schedule (<u>)</u> of Item <u>of the Budget Act of 2001, the sum of fifty</u> million dollars (\$50,000,000) shall be allocated in accordance with the following schedule:
 - (a) The sum of five hundred thousand dollars (\$500,000) shall be utilized by the State Department of Mental Health to provide for its administration of Article 9 (commencing with Section 5345) of

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Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions
Code, and to work together with the Department of Finance, the
Department of Corrections, the Board of Corrections, state
associations representing law enforcement and local government,
and the Legislative Analyst, in order to collect and evaluate the
program performance and cost data pertaining to the programs
prescribed by Article 9.

(b) The sum of forty-nine million five hundred thousand dollars (\$49,500,000) is hereby allocated to the State Department of Mental Health in the 2001–02 fiscal year, for the purpose of making grants to counties pursuant to Section 5349 of the Welfare and Institutions Code.

5349.6. Implementation of Sections 5348 and 5349 shall be contingent on an appropriation in the Budget Act or another statute.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.